

**Nebraska Department of Health and Human Services
Division of Public Health
Health Promotion Unit**



***Evidence-Based or Capacity-Building
Primary or Secondary Prevention
Public Health Projects***

***Request for Applications
FY 2016***

☎ Phone: 402-471-2101

✉ Email: DHHS.PHHSBGInfo@nebraska.gov

📄 USPS address: PHHSBG, PO Box 95026, Lincoln NE 68509-5026

Website: http://dhhs.ne.gov/publichealth/Pages/hpe_phhsbg.aspx

**Date of Issuance: November 9, 2015
Applications Due: December 8, 2015**

**Nebraska Department of Health & Human Services
Preventive Health & Health Services Block Grant
Evidence-Based Primary or Secondary Prevention Project**

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**Nebraska Department of Health & Human Services
Preventive Health & Health Services Block Grant
Evidence-Based Primary or Secondary Prevention Project**

Application summary

Grantor: Nebraska Department of Health and Human Services (DHHS)

Division: Public Health

Unit: Health Promotion Unit

Contact: Gwen Hurst, Gwen.Hurst@nebraska.gov, 402-471-3485

The information contained in this summary highlights items of immediate importance to all applicants. This summary is not intended as a substitute for reading in their entirety all of the materials contained in this document.

Funds to be awarded: A sum of up to \$300,000 has been set aside from the [Preventive Health and Health Services \(PHHS\) Block Grant](#), awarded to the Nebraska Department of Health and Human Services for the period that ends September 30, 2016, to fund **evidence-based or capacity building primary or secondary public health prevention projects**. DHHS anticipates funding between five and 10 projects, ranging from \$10,000 to \$42,000 each.

Project period: January 1, 2016 – September 26, 2016

Funding purpose: To allow local health agencies and organizations to carry out evidence-based and best practices primary prevention and secondary prevention interventions addressing Healthy People 2020 objectives and community health improvement goals AND/OR to increase the capacity or competency of agency/organization staff to deliver effective primary or secondary prevention public health interventions.

Funding restrictions: Funds may only be used to support approved work. PHHS funds must not supplant state, local or private funds that would otherwise be made available for the project.

Reporting requirements: Mid-term and end-of-term reports must include a narrative report describing progress on work plan, data report, and financial report with supporting documentation and invoice.

Eligible applicants: Local/district health departments, tribal health departments, other community-based non-profit health agencies.

Application due date: 5:00 p.m. Central Time, December 8, 2015.

Tentative award notification: 5:00 p.m. Central Time, December 18, 2015. Response to contingencies are due 5:00 p.m. December 29, 2015.

Review criteria: Each application will be reviewed for responsiveness to this guidance: identification of Healthy People 2020 Objective, community health objective that links to the national objective, description of the program impact and outcome objectives, collaboration, appropriateness of proposed budget, budget justification, project evaluation and perceived capacity of applicant to perform the work.

Application overview

Purpose of funding

The two purposes of this RFA are to:

1. Increase application of evidence-based primary and secondary prevention strategies that address Healthy People 2020 Objectives and community health improvement goals, and
2. Improve the capacity or competency of local agencies and organizations to carry out effective public health interventions aimed at primary and secondary prevention.

All proposed projects must:

1. Address a specific Healthy People 2020 Objective.
2. Show evidence of coordination with their community's health improvement plan or planning process.
3. Cite the evidence-based intervention(s) that will be adapted with close fidelity to the model.
4. Provide clear explanation or evidence of need for the selected intervention.
5. Describe the capacity of the applicant agency/organization and competence of staff.
6. Name specific target population(s), disparate population(s) served, geographic location(s) and justification for the selection.
7. Show how the proposed work will:
 - Improve or expand existing prevention interventions being carried out by the applicant AND/OR
 - Increase the capacity or competency of staff to carry out prevention and control activities following proposed training.
 - Training/education must be well-established as effective.
 - Training/education must be completed during the term of the project.
8. Clearly state how the requested PHHS Block Grant funds complement and supplement any other public health funding currently available to the agency/organization.
9. Maintain and grow partnerships with other community agencies.
10. Have a budget that is reasonable for the proposed quantity and quality of activities described in the work plan.
11. Be well-designed in order to show impact or outcomes at the end of the project term on September 26, 2016.
12. Be submitted using the forms and format provided in this RFA and meet stated deadlines for submission.

Project parameters

Project priorities

All proposed projects **must**

1. Help Nebraska and the nation to achieve Healthy People 2020 Objectives. Applicants should select ONE Healthy People 2020 Objective and ONE evidence-based strategy to help achieve that objective. Healthy People 2020 Objectives can be found [here](#) or at the web address <http://www.healthypeople.gov/2020/topics-objectives>
2. Cite the evidence-based intervention(s) or best practice that will be adapted with close fidelity to the model. Some evidence-based resources can be found [here](#) or at the web address <http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources>.
3. Show how they address or coordinate with their community's health improvement plan or planning process.

Eligible organizations

Local health departments, tribal health departments and other not-for profit community organizations are eligible to apply for funds.

- Only one application per agency/organization will be considered.
- Agencies or organizations already receiving a PHHS sub-award (i.e., through the Office Community & Rural Health or Office of Oral Health & Dentistry) must clearly show how these funds will enhance—and not duplicate—funds already in place.

Available funding

Up to \$300,000 has been set aside from the Preventive Health and Health Services Block Grant (PHHSBG) for competitive sub-awards to local entities. DHHS anticipates funding five to 10 projects, ranging from a minimum of \$10,000 to a maximum of \$42,000.

Audit responsibilities

1. All Sub-recipient books, records and documents regardless of physical form, including data maintained in computer files or on magnetic, optical or other media, relating to work performed or monies received under this sub-award shall be subject to audit at any reasonable time upon the provision of reasonable notice by DHHS. Grantee shall maintain all records for five (5) years from the date of final payment, except that records that fall under the provisions of the Health Insurance Portability and Accountability Act (HIPAA) shall be maintained for six (6) full years from the date of final payment. In addition to the foregoing retention periods, all records shall be maintained until all issues related to an audit, litigation or other action are resolved to the satisfaction of DHHS. All records shall be maintained in accordance with generally accepted business practices.
2. The Sub-recipient shall provide DHHS any and all written communications received by the Sub-recipient from an auditor related to Sub-recipient's internal control over financial reporting requirements and communication with those charged with

governance including those in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance*. The Sub-recipient agrees to provide DHHS with a copy of all such written communications immediately upon receipt or instruct any auditor it employs to deliver copies of such written communications to DHHS at the same time copies are delivered to the Sub-recipient, in which case the Sub-recipient agrees to verify that DHHS has received a copy.

3. The Sub-recipient shall immediately correct any material weakness or condition reported to DHHS in the course of an audit and notify DHHS that the corrections have been made.
4. In addition to, and in no way in limitation of any obligation in this sub-award, the Sub-recipient shall be liable for audit exceptions, and shall return to DHHS all payments made under this sub-award for which an exception has been taken or which has been disallowed because of such an exception, upon demand from DHHS.

Project period

The project period for this competitive RFA will be for ten months, beginning January 1, 2016 and concluding September 26, 2016.

- The expiration date of the funds dictates the sub-award period in order to allow for proper reporting and sufficient time to process final payments. **The Final Report due date will be strictly enforced.**

Potential continuation funding

DHHS anticipates continued awarding of PHHS Block Grant funds to Nebraska by the Centers for Disease Control and Prevention (CDC); however, the amount of the award is contingent upon the level established in the FY2016 Federal Budget, which may occur as late as April, 2016.

Use of funds

Funds may be used only to carry out activities described in the approved work plan.

Permitted use: Funds may be used to support salaries for project staff, fringe benefits, travel and training costs for project staff (mileage, meals and lodging, registration fees/tuition), project operating expenses (rental of facilities or equipment, printing/duplication, postage, materials and supplies, supplies, office supplies), contractual costs and indirect costs. All budget items must in accordance with Federal guidelines. (See Line Item Budget form provided.) All funded agencies and organizations must be good stewards of Federal funds awarded and keep required program and financial records.

Match is **not** required for projects supported by PHHS Block Grant Funds. Applicants should **not** show matching funds or in-kind contributions in their application.

Prohibited use: Funds **cannot** be used to directly subsidize individuals for the cost of health care, for lobbying, for the purchase of major medical equipment or to supplant other state, local, or private funds that would otherwise be made available for the project. Funds awarded may not be used for purchase, construction or renovation of real property (e.g., buildings, land). Expenses associated with preparing and submitting a proposal will not be reimbursed. Expenses associated with preparing and submitting an application may not be included in the application budget.

Reporting requirements

Sub-recipients will be required to submit a narrative mid-term progress report, expenditure report and invoice and a final narrative progress report, expenditure report and invoice. The mid-term report and invoice must include scanned copies of all receipts, bills, employee time records, and other appropriate supporting documentation. The reporting schedule is below.

Report title	Period covered	Due date
Mid-term report	January 1 to April 30, 2016	May 6, 2016
Final report	May 1 to September 26, 2016	October 13, 2016

The end date for the project is September 26, 2016, and the due date for the final invoice and progress and expenditure report is October 13, 2016, to accommodate the payment process at DHHS. Final reports **must** be received on or before that deadline.

Application deadline

One complete application with scanned signature page must be emailed to: DHHS.PHHSBGInfo@nebraska.gov by 5:00 p.m. Central Time December 8, 2015.

No extension of the deadline date will be granted. Late, incomplete, or noncompliant applications will not be reviewed or scored. Additions or corrections will not be accepted after the closing date.

One original signed application (hard copy) must also be submitted, postmarked no later than midnight December 8, 2015. The hard copy must be mailed to:

PHHS Block Grant
Health Promotion Unit
NE Department of Health & Human Services
PO Box 95026
Lincoln, NE 68509-5026

All versions of the application, including attachments, become the property of the Nebraska Department of Health and Human Services upon receipt and will not be returned to the applicant.

Technical assistance

During the period following release of this RFA and during the review of applications, all questions must be submitted in writing and clearly marked "PHHS Prevention Projects." Written questions must be submitted by 5:00 p.m. CDT, December 3, 2015, to: DHHS.PHHSBGInfo@nebraska.gov. If the question or comment pertains to a specific section of the RFA, the section and page must be referenced. **Oral questions will not be accepted.** All questions and responses will be posted in writing for viewing at www.dhhs.ne.gov/PHHSBlockGrant. Updates will be posted each Friday by 4:00 p.m. CDT with the newest question and response at the top. *It is the responsibility of the applicant to check the Department of Health and Human Services, Division of Public Health, PHHS Block Grant webpage for all information relevant to this RFA, including written questions, responses and amendments.*

RFA timeline

Issuance of RFA	November 6, 2015
Applications due – email version	December 8, 2015
Applications – hard copy	Postmarked December 8, 2015
Approximate date of award notification with contingency definitions	December 17, 2015
Contingency responses due	December 29, 2015
Anticipated date of final award notifications	January 1, 2015
Project Start Date	January 1, 2015

DHHS authority

1. DHHS reserves the right to withdraw any award if a satisfactory response to contingencies has not been received within 10 calendar days of notice to the applicant by DHHS.
2. DHHS reserves the right to withdraw an award, and/or negotiate the work plan, budget or components of a proposed project. If project deliverables, including progress and expenditure reports are not completed satisfactorily, DHHS has the authority to withhold and/or recover payment of funds.
3. DHHS reserves the right to make all decisions regarding selection among applications to fund or not fund any and all proposed projects

DHHS Expectations of sub-recipient agencies and organizations

1. Sub-recipients are to expend funds in accordance with the approved line item budget. If budget changes are needed that **exceed 10% of the total award amount**, the sub-recipient must request in writing a budget revision or a work plan amendment. It is up

to the discretion of DHHS whether or not to approve the requested budget revision or work plan amendment.

2. Sub-recipients are reimbursed for actual expenses incurred by the sub-recipient. Sub-recipients must submit mid-term and final invoices and financial reports detailing expenses incurred during the term. On average it takes 30-45 days for the state to issue payments to sub-recipients. Advance payments for services are not allowed by DHHS. Sub-recipients are encouraged to submit reports to DHHS in a timely manner to ensure prompt payment of expenses and cash flow maintenance.
3. Sub-recipients are expected to contact DHHS if they or any community partner or collaborator have difficulties implementing the work plan or need to make changes in approved activities. DHHS staff members have expertise in many areas and programs related to the scope of this RFA. Requests for subject matter expertise (technical assistance) must be made in writing by the sub-recipient directly to the PHHSBG Coordinator.

The sub-recipient is legally bound to deliver the services as stated in the work plan. DHHS will work with the sub-recipient to determine possible solutions or best outcomes. If changes need to be made in the work plan, the sub-recipient must contact DHHS in writing to request a revision or amendment, including changes in Project Director.

4. Sub-recipients are to maintain accurate records regarding program implementation and evaluation. Records should document the persons and organizations involved, activities carried out and any materials or information developed. Documentation records may include but will not be limited to logs, sign-in sheets, meeting minutes and survey and evaluation data. Copies of documents as well as all receipts, bills, employee records of time, and other appropriate documents **must be submitted as scanned (electronic) documents with both the mid-term and final invoice and report**
5. Sub-recipients must submit to DHHS timely, accurate, and complete progress reports at mid-term and at the end of the sub-award period using the forms, format, and timeline provided by DHHS. All projects will be overseen by the Coordinator of the Preventive Health and Health Services (PHHS) Block Grant, housed within the Health Promotion Unit, Division of Public Health, Nebraska Department of Health and Human Services.
6. DHHS may withhold payment for claimed expenses due to lack of documented and/or timely progress, as well as any apparent non-compliance with grant requirements. Continued lack of documented and/or timely progress and/or noncompliance with grant requirements may result in funds being redirected.

Application review process

All applications will be subject to a technical review to assure that all required documentation has been included. Only those applications successfully clearing technical review will advance to the content review phase. Applications are judged nonresponsive if they are incomplete, improperly formatted, inadequately developed, or otherwise unsuitable for peer review and funding consideration. Non-responsive applications will not be reviewed further.

During the content review phase, experienced reviewers will assess all required parts of the application including the project work plan and narrative, the relationship between the Healthy People 2020 Objective and community health objective, the appropriateness of the evidence-based strategy, the target and disparate population(s) and setting, program impact and outcome objectives, evaluation methodology, budget and budget justification.

Final decisions regarding funding will be based on funds available and the application's responsiveness to the project parameters.

Application instructions

1. Applications must be typed or word-processed, single-spaced in 12-point typeface, leaving one inch margins.
2. Applications must be prepared utilizing Microsoft Word or Excel or Adobe software.
3. The completed application must be emailed as an attachment or attachments to: DHHS.PHHSBGInfo@nebraska.gov.
4. Email subject line must read, "PHHSBG Prevention Application."
5. The email with which the application is submitted serves as the applicant's signature until the original signature is received in the mail.

ONE original (hard copy) signed application must be mailed to:

PHHS Block Grant
Health Promotion Unit
NE Department of Health & Human Services
PO Box 95026
Lincoln, NE 68509-5026

All applications **must** use the format on the following pages in describing the proposed project. The application format is intended to help assure that all required elements are included in the application. ***Limit application length to no more than 15 pages, not including attachments.*** Lengthy applications and unnecessary attachments or supporting materials are discouraged.

Application format

I. Cover Sheet (FORM A)

Complete all sections of the Cover Sheet.

Project Director - This is the person *directly* responsible for the oversight of the proposed project. This individual will serve as the liaison between the Preventive Health and Health Services (PHHS) Block Grant and other project staff and will be responsible for the completion and submission of all required documentation.

II. Project Narrative (FORM B) -- Limit to two pages

Proposed project narrative must include responses to each of the following items.

1. Identify the Healthy People 2020 Objective addressed through this project.
2. Describe the community health objective addressed and how it links to the Healthy People 2020 Objective.
3. Describe the health problem being addressed.
4. Describe the target and disparate population(s) being served by this project.
5. Cite the evidence based guidelines that serve as models for chosen interventions.
6. Identify primary strategic partners involved in the project.
7. Describe the evaluation methodology employed to measure program impact and outcomes.

III. Project Work Plan (FORM C)

The following statements have been selected as the Goals for all external competitive projects. All applications must work toward achievement of one or both Goals.

Project Goal 1: Continue and expand current primary and secondary preventive services, incorporating evidence-based strategies and well-established models shown to be effective in similar settings.

Project Goal 2: Improve staff capacity or competency through participation in training and/or education in order to improve the effectiveness of future delivery of public health interventions, both primary and secondary prevention.

Objectives and activities must be written to directly relate to the identified needs and strategies proposed. The work plan should describe:

1. Specific tasks to be accomplished, who will be responsible for them, and when they will be accomplished.
2. The outcome(s) and/or product(s) that will result from the tasks completed.
3. How the outcome(s) and/or product(s) will be measured and evaluated.

Definitions: An **objective** is a statement, expressed in terms of time and measures, of a defined health problem or health issue. It should describe (a) specific action(s) designed to promote desired changes in risk factors or risk conditions. An **activity** is a statement of the detailed steps that will be taken to achieve the objective.

IV. **Line Item Budget (FORM D)**

Proposed budget must be reasonable for the proposed **quantity** and **quality** of activities in the work plan. The budget should detail all costs associated with the project for the term of the sub-award.

Budgeted items may include:

1. **Personnel** – Personnel costs must be reflected separately on the line item budget. The justification should include title, percent full-time equivalent (FTE) and dollar amount requested for each position.
2. **Fringe benefits** – The justification for this line item should specify which expenses are included in the figure (including but not limited to retirement, FICA, insurance, Workers' Compensation, etc.)
3. **Travel & training** – Funding may be requested to support travel. Mileage should be computed at the current Federal Mileage Reimbursement Rate. The justification should describe how the travel relates to the accomplishment of project objectives. For all travel, indicate who will be traveling and the number of days per trip.
4. **Project operating expenses** – Project operating expenses may include rental of space and needed equipment, printing and duplication, office supplies and materials, communications/computer and data costs, evaluation costs.
5. **Indirect costs** – If claiming indirect costs, identify the base used in establishing the rate, state the rate and show the calculation leading to the claimed indirect costs in the Line Item Budget. The rate identified in a negotiated rate agreement should be the same as that used in the Line Item Budget and the Budget Justification. **If applicants have a federal indirect cost agreement, a signed copy must accompany the application.**

6. **Contractual** – Sub-recipients may contract with another agency or individual for purposes of performing grant activities. The budget must specify the amount to be contracted, and the budget narrative must describe the work to be done. A signed copy of the contract must be submitted to the PHHS Block Grant Coordinator following award of funds.

V. Budget Justification (FORM E)

1. Applicants must provide a detailed justification for the proposed budget noting how estimated expenditures will support the work plan and project goals. An explanation for the calculation of estimated amounts for grant funds must be given for each item listed. Be sure that the budget categories and the line items directly agree with the descriptions in the budget justification. Applications lacking specificity may delay approval of the proposed budget.
2. Explain the relationship between the proposed project and any current efforts supported by other funding previously acquired by the applicant agency/organization.
3. No in-kind contribution or match is required by the PHHS Block Grant. Do not include in-kind or match in the Line-Item Budget or Budget Justification portions of the application.

VI. Pre-Award Risk Assessment (FORM F)

A pre-award risk assessment is required under 2 CFR 200.331(b) for any sub-awards made by DHHS. Please answer all questions on Form F by putting an 'X' in the box that best fits your organization. Add any comments in the "Comments" column.

FORM A – Cover Sheet

**Nebraska Department of Health & Human Services
Preventive Health & Health Services Block Grant
Evidence-Based Primary or Secondary Prevention Project
Cover Sheet**

Project title:

Healthy People 2020 Objective:

Brief project description of project (maximum four sentences):

Brief description of evidence-based practice:

Community health improvement plan goal:

Target population(s) and disparate population(s) to be served:

Amount of funding requested:

Applicant agency/organization:

Federal Tax Identification Number:

Address:

City/State/Zip Code:

Project Director

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

Financial Officer

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

By submitting and signing this application, the applicant agrees to operate the project as described in the application and in accordance with the grant Terms and Assurances.

Authorized official: _____
Printed name Title

Signature: _____

Date: _____

FORM B – Project Narrative

**Nebraska Department of Health & Human Services
Preventive Health & Health Services Block Grant
Evidence-Based Primary or Secondary Prevention Project
Project Narrative**

Project title: _____

Applicant: _____

Provide brief yet thorough description for each of the following items. **Limit two (2) pages.**

1. Identify the Healthy People 2020 Objective addressed through this project.
2. Describe the community health objective addressed and how it links to the Healthy People 2020 Objective.
3. Describe the health problem being addressed.
4. Describe the target and disparate population(s) being served by this project.
5. Cite the evidence based guidelines that serve as models for chosen interventions.
6. Identify primary strategic partners involved in the project.
7. Describe the evaluation methodology employed to measure program impact and outcomes.

FORM C – Project Work Plan

**Nebraska Department of Health & Human Services
Preventive Health & Health Services Block Grant
Evidence-Based Primary or Secondary Prevention Project
Project Work Plan**

Project title: _____

Applicant: _____

Project Goal 1: Continue and expand current primary and secondary preventive services, incorporating evidence-based strategies and best practices shown to be effective in similar settings.				
Objective	Outputs (activities)	Responsible party/parties	Expected results	Performance measures
1.0	1.1			
	1.2			
2.0	2.1			
	2.2			
3.0	3.1			
	3.2			

Project Goal 2: Improve staff capacity or competency through participation in training and/or education in order to improve the effectiveness of future delivery of primary and secondary prevention public health interventions.				
Objective	Outputs (activities)	Responsible party/parties	Expected results	Performance measures
1.0	1.1			
	1.2			
2.0	2.1			
	2.2			

FORM D – Line Item Budget

**Nebraska Department of Health & Human Services
Preventive Health & Health Services Block Grant
Evidence-Based Primary or Secondary Prevention Project
Line Item Budget**

Project title: _____

Applicant: _____

This form can be used in the portrait or landscape layout.

Line item	Amount requested
Personnel (include % FTE for each position)	
Fringe benefits	
Travel	
Mileage	
Meals and lodging	
Other (specify)	
Project operating expenses	
Training cost/tuition/registration	
Rental of facilities, equipment	
Printing	
Postage	
Materials and supplies	
Communications	
Evaluation cost	
Contractual	
Indirect costs	
TOTAL	

Match and in-kind should NOT be shown in the budget.

FORM E – Budget Justification

Nebraska Department of Health & Human Services Preventive Health & Health Services Block Grant Evidence-Based Primary or Secondary Prevention Project Budget Justification

Project title: _____

Applicant: _____

Provide a detailed justification for the proposed budget, noting how estimated expenditures will support the work plan and project goals. For each item listed, explain the calculation of estimated amounts. Be sure that the budget categories and the line items directly agree with the descriptions in the budget justification. Applications lacking specificity may delay approval of the proposed budget.

Explain the relationship between the proposed project and any current efforts supported by other funding previously acquired by the applicant agency/organization.

Briefly describe the organization's capacity and staff competency to carry out the proposed project.

FORM F – Pre-Award Risk Assessment

**Nebraska Department of Health & Human Services
Preventive Health & Health Services Block Grant
Evidence-Based Primary or Secondary Prevention Project
Pre-Award Risk Assessment**

Project title: _____

Applicant: _____

A pre-award risk assessment is required under 2 CFR 200.331(b) for any sub-awards made by DHHS. Please answer all questions by putting an 'X' in the box that best fits your organization. Add any comments in the "Comments" column.

Overall Assessment				
Question	Yes	No	N/A	Comments
Is your organization new to operating or managing state or federal funds?				
Is this program new for your organization?				
Is DHHS a new provider of funds to your organization?				
Has your organization experienced a high turnover of employees in the last three years?				
Are the staff assigned to the program inexperienced with the program?				
With DHHS and other funders, has your organization been untimely in the submission of:				
a. Applications				
b. Amendments				
c. Fiscal reporting				
d. Draw downs				
e. Budget revisions				
Has your organization been untimely in responding to questions from DHHS (if you have had previous sub-awards or contracts with DHHS)?				
Does your organization have written financial procedures and internal controls?				